



FEE TRANSMITTAL
FY 2003

| Complete if Known | |
|---------------------------|------------------|
| Application Serial Number | 10/618,092 |
| Filing Date | July 11, 2003 |
| First Named Inventor | Lieblich |
| Group Art Unit | Not yet assigned |
| Examiner Name | Not yet assigned |
| Attorney Docket No. | RFS-001 |

| METHOD OF PAYMENT | |
|---|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | |
| 3. <input checked="" type="checkbox"/> Applicant claims small entity status. | |

FEE CALCULATION

1. FILING FEE

| Large Entity Fee (\$) | | Fee Description | |
|--|------------------------|-----------------|----------|
| | | Fee Paid | |
| 750 | Utility filing fee | | |
| 330 | Design filing fee | | |
| 160 | Provisional filing fee | | |
| Number Filed | Number Extra | Rate | Amount |
| Total Claims | - 20 = | x \$ 18.00 = | |
| Independent Claims | - 3 = | x \$ 84.00 = | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$280.00 = | |
| TOTAL: | | | |
| SMALL ENTITY DISCOUNT: | | | |
| SUBTOTAL (1) | | (\$) | 0 |

2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid |
|---|---------------------------------------|------------------|--------------|----------|
| Total | - | = | x \$ 18.00 = | |
| Indep. | - | = | x \$ 84.00 = | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$280.00 = | |
| TOTAL: | | (\$) | | |
| SMALL ENTITY DISCOUNT: | | (\$) | | |
| SUBTOTAL (2) | | (\$) | 0 | |

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

| FEE CALCULATION (continued) | | | |
|------------------------------------|--------------------------|--|----------|
| 3. ADDITIONAL FEES | | | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | | |
| 130 | 65 | Surcharge - late filing fee or oath | \$ 65.00 |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | Request for ex parte reexamination | |
| 110 | 55 | Extension for reply within first month | |
| 410 | 205 | Extension for reply within second month | |
| 930 | 465 | Extension for reply within third month | |
| 1450 | 725 | Extension for reply within fourth month | |
| 1970 | 985 | Extension for reply within fifth month | |
| 320 | 160 | Notice of Appeal | |
| 320 | 160 | Filing a brief in support of an appeal | |
| 280 | 140 | Request for oral hearing | |
| 130 | 130 | Petitions to the Commissioner | |
| 180 | 180 | Submission of Information Disclosure Statement | |
| 750 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 750 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 100 | 100 | Certificate of Correction for applicant's error | |
| 110 | 55 | Submission of Terminal Disclaimer | |
| Other fee (Specify) | | | |
| Other fee (Specify) | | | |
| SUBTOTAL (3) | | | |
| (\$) | | | |
| 65.00 | | | |

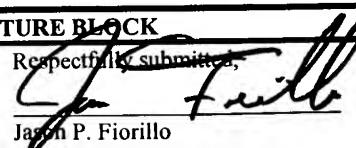
09/24/2003 EAREGAY1 00000029 10618092

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65.00 **DP**
TOTAL **(\$)** 65.00

SIGNATURE BLOCK

Respectfully submitted,


Jason P. Fiorillo
Attorney for the Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110

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65.00 **DP**